

Virginia's Preparedness for Ebola Virus Disease (EVD)

October 2014

Ebola: The Basics

- Ebola virus is a type of viral hemorrhagic fever.
- Virus spread person to person mainly by direct contact with bodily fluids (blood, feces, vomit), less commonly by contaminated items (needles).
- Ebola is a severe and often fatal disease; begins with acute fever, progressing to multi-organ involvement.
- Infected person is contagious only once symptoms develop (2 to 21 days after exposure).
- Persons caring for infected persons (healthcare workers, household members) are at highest risk of disease.

Ebola in Africa and the United States

- Mar 2014: Outbreak began in Guinea
- Aug 8: WHO declared international public health emergency
- Sep 30: First case diagnosed in US (Texas); traveler left Liberia Sep 19, arrived US Sep 20, and became symptomatic Sep 24
- Oct 20: Outbreaks in Guinea, Liberia, Sierra Leone, with limited spread in Nigeria and sporadic detection in 3 other countries, account for 8,973 total reported cases and 4,484 deaths

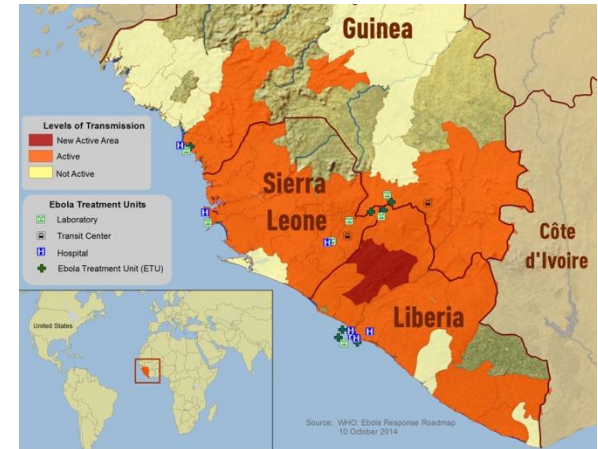


Image source: CDC (October 10, 2014)

EVD Control Measures: Based on Established Core Public Health Actions

- Surveillance
 - Disease Reporting
 - Communication
- Investigation
- Implementation of Control Measures
- Risk Communication

Unified Command

VERT Activated

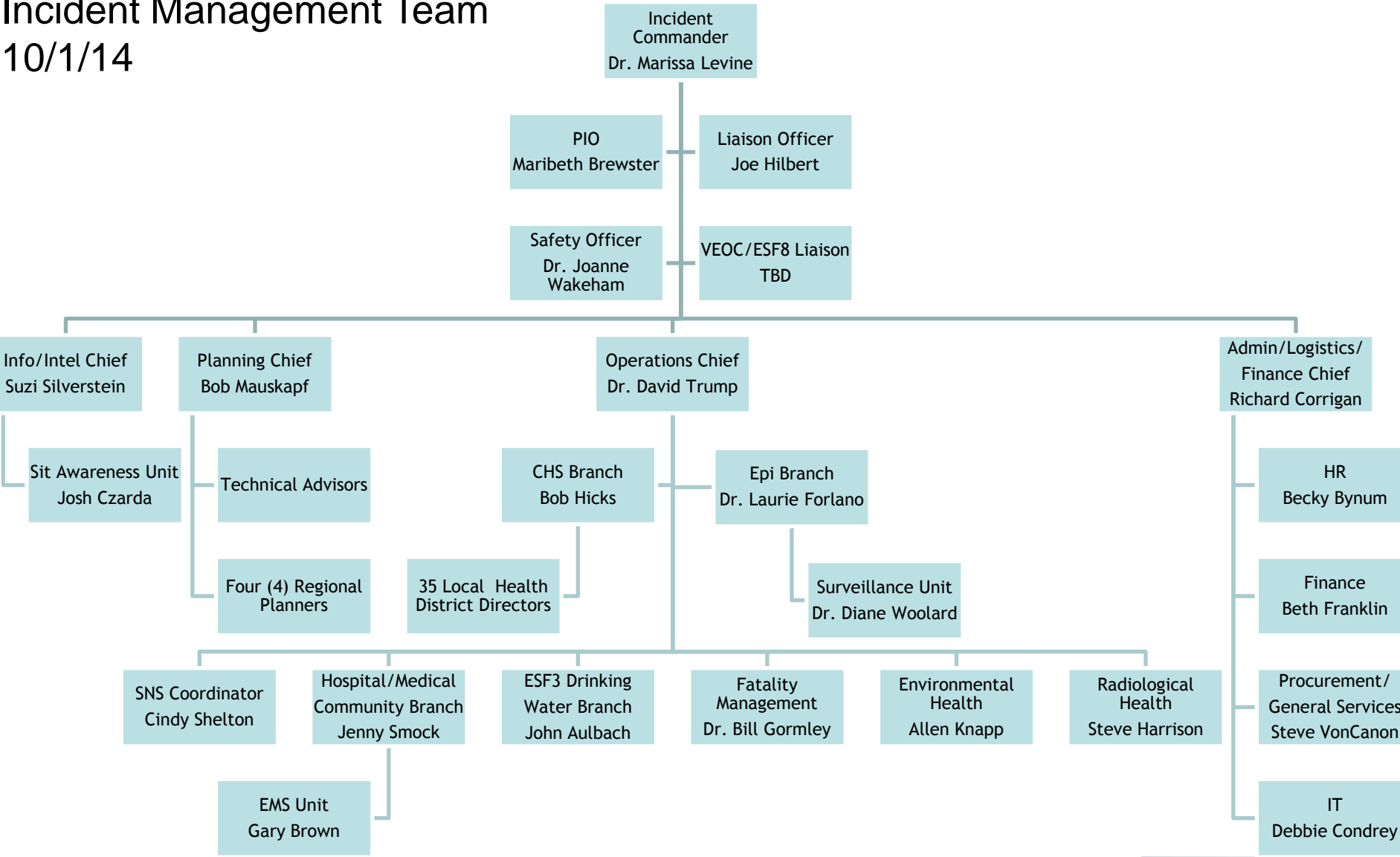
VDH Lead Agency

Daily Situation Reports

Daily Conference Calls

VDH All Hazard Incident Management Team

10/1/14

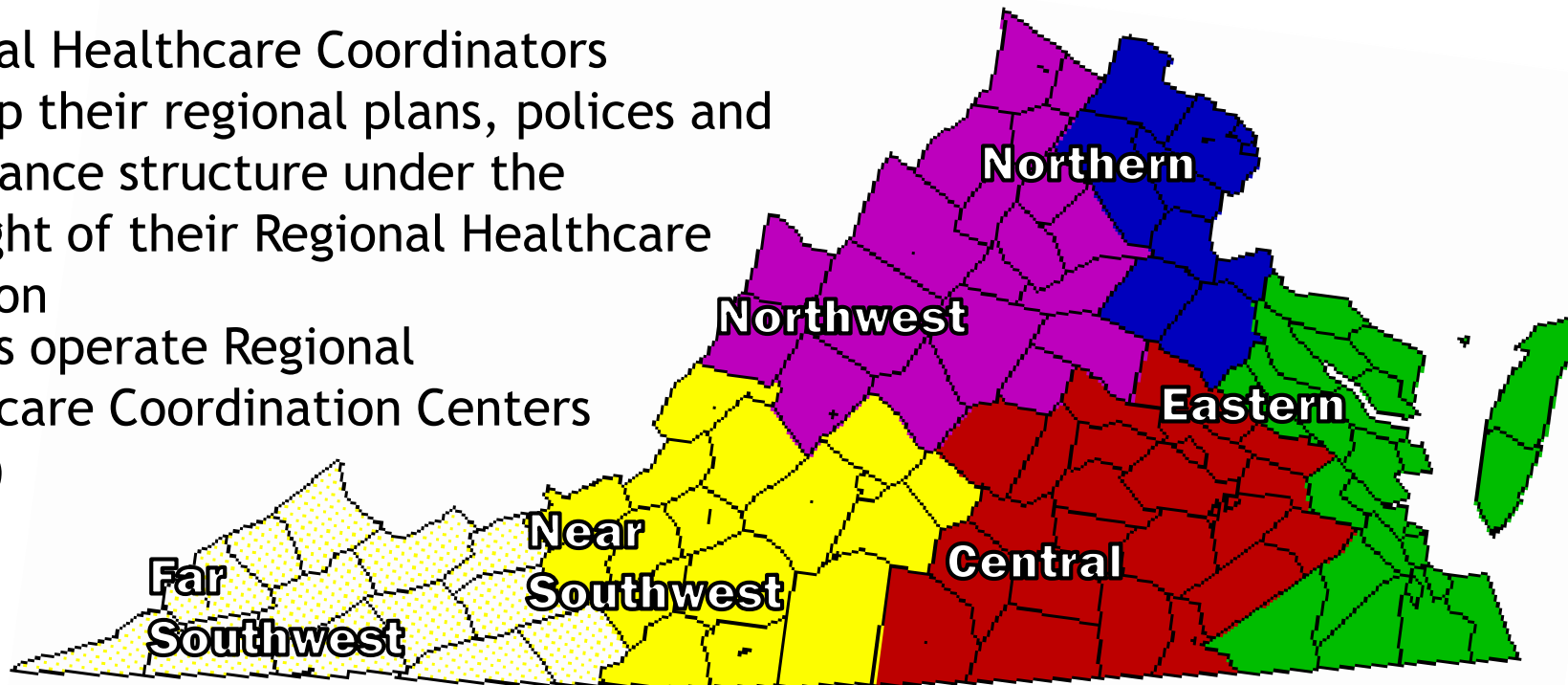


Statewide Hospital Preparedness Program (HPP)

VDH provides the framework for statewide administration of HPP

VDH works through the Virginia Hospital and Healthcare Association (VHHA) to coordinate governance and initiatives to 6 Healthcare Coalitions with 300+ participating facilities

- Regional Healthcare Coordinators develop their regional plans, policies and governance structure under the oversight of their Regional Healthcare Coalition
- Regions operate Regional Healthcare Coordination Centers (RHCC)



Three EVD Scenarios to Consider in Virginia

- I. Individual arrives at Virginia airport (Dulles most likely) with symptoms consistent with EVD (or likely exposure) and travel history to affected areas
- II. Individual presents to Virginia hospital with symptoms consistent with EVD and a travel history to the affected areas
- III. Individual with EVD identified in another state but had contact with Virginians

Quarantine Orders

- Legal authority (§ 32.1-43) exists for State Health Commissioner to issue orders of quarantine for disease threats
 - If non-compliant with voluntary agreement, or
 - If such order is necessary to control the disease
- Letters for EVD-related voluntary quarantine and orders for quarantine scenarios have been drafted

Quarantine (continued)

- For persons under order:
 - law enforcement help with delivery
 - least restrictive setting (home quarantine wherever possible)
 - daily monitoring for compliance
 - assurance that essential needs are met
 - will require support and leadership from local jurisdiction, particularly local gov't.
- Ex parte court review required and person has right to appeal the order

State Health Commissioner Actions

- Maintain full situational awareness at local, state, national and international levels
- Inform and regularly update public, healthcare community, legislators and Executive Branch leadership about significant events/developments
 - *Promote hygienic practices and influenza vaccination in addition*
- Evaluate each potential EVD case/contact as a Communicable Disease of Public Health Threat
 - Determine need for individual orders of isolation or quarantine

Commissioner (continued)

- Coordinate efforts with neighboring jurisdictions
- Direct agency resources to meet local needs
- Identify need for interagency assistance
- Declare Public Health Emergency if situation warrants enhanced awareness and communication
- Request Governor declaration of emergency if an affected area needed to be isolated or quarantined

PLAYBOOKS: EBOLA, ANTHRAX, CoV, RADIATION, SMALLPOX, HURRICANE

Pre-scripted Communications *DRAFTS*

- Event notification
- Media Releases / Messages
- Message Map
- Clinician Letters Declarations
- Conference call agenda
- Templates
- Key “canned” items
- CDC and other Technical Reports

Other Considerations

Audiences

FINAL Approval process(es)

VDH roles, responsibilities

Communicate effectively

Educate

Environmental impact

Allocation of resources

Other Issues Addressed to Date

- Laboratory testing and transportation of samples
- Personal protective equipment stockpile
- Emergency medical services' transportation of patients
- Medical waste disposition
- Fatality management
- Healthcare coalition preparedness and response

Possible Gubernatorial Actions

- Issue a state of emergency upon request of the State Health Commissioner
- Support VDH efforts by the following actions, if requested:
 - Waiving requirements for emergency procurement (personnel and services)
 - Directing DGS support for just-in-time contracting and alerting vendors of emerging requirements
 - Authorize VITA to give VDH priority response to requests for assistance
- Additional public messaging to lend support to Virginia's ability to respond, if needed.

Pending Issues

- Orders of Quarantine for well persons with high likelihood of exposure
 - Logistical and Financial support issues also
- Hazmat response for environs of EVD patients
 - Awaiting CDC and EPA determination
- When to request EOC higher level activation
- Virginia public call center

Summary

Ebola is a very serious disease that has not been diagnosed in humans in Virginia before

VDH and our health care partners are as ready to respond as we can be today

- Our staff are trained and capable in the necessary core public health services
- We will continue learning and sharing as new information is obtained

We will assure effective communication within our organization, to Executive Branch leadership, with our partners across the state and in other states and with the public

Questions?

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